


Date: March 3, 2008

To: Pacific Gateway Workforce Investment Network Staff
WIN Sub-Recipients

From: Bryan S. Rogers 
WIB Executive Director

Subject: **INFORMATION BULLETIN: IB08-21**
REVISED FORMS – EQUAL OPPORTUNITY IS THE LAW / CUSTOMER
COMPLAINT PROCEDURE AND INFORMATION RELEASE

EFFECTIVE DATE

This bulletin is effective upon date of issue.

PURPOSE

This bulletin issues the revised Equal Opportunity is the Law form and the Information Release form to reflect State-mandated changes.

EQUAL OPPORTUNITY IS THE LAW FORM

This form summarizes the Pacific Gateway Workforce Investment Network's (Network) full compliance with the nondiscrimination and equal opportunity provisions referenced in the State directive WSD07-6, dated January 16, 2008. This form also outlines the proper procedure in filing a customer complaint and provides appropriate contact information.

INFORMATION RELEASE FORM

This form, when signed by the customer, authorizes the Network to release or share personal information provided by the customer to the extent necessary as required by the Network's various programs. This form also provides detailed examples when sharing customer personal information may be required.

Customers who are participating in any of the programs provided by the Network are required to fill out and sign the above-mentioned forms.

REQUIRED ACTION

All Network and sub-recipient staff responsible for assessing customers' program eligibility must use the attached forms effective immediately.

ADDITIONAL INFORMATION

For questions and further information, you may contact Arleen Ward, Equal Opportunity Officer, at 562-570-3680 or Arleen_Ward@longbeach.gov.



INFORMATION RELEASE AND PRIVACY STATEMENT

February 2008

I) Employment Information:

I authorize the Pacific Gateway Workforce Investment Network (Network) and its staff to release my personal information to the extent necessary to verify my previous/current employment, including wages and job titles, and dates of employment as required by the Network and or any other local, state or federally funded programs.

I understand that this information may be used to determine my eligibility for services authorized under the Network, and/or any other local, state or federally funded programs. This information may also be used to conduct follow-up services. I authorize the Network and its staff, including representatives of the State Employment Development Department, applicable employers, and partnering agencies of my applicable program(s) – to release information pertaining to my employment such as start date, employer name and address, wage, job title, etc. When I become employed, I agree to provide employment information, including but not limited to, copies of personal pay stubs, W2s, or federal 1099 forms. I understand and agree that a Network staff person may contact me and/or my employer to verify my employment. All personal information will be strictly confidential and will not be released without the individual's written permission except:

1. When necessary to administer a program/service;
2. When information is required by local, county, state, or federal representatives for monitoring purposes;
3. When submitting resumes to employers for employment consideration;
4. When such sharing is done to obtain necessary assistance and/or information from other resources such as Unemployment Insurance (UI), Job Service, local training institutions or local employers;
5. When there is immediate danger of the individual harming him/herself or others;
6. When a legally recognized or established authority orders the release of information;

II) Social Security Number:

Authorization for solicitation and use of your Social Security Account Number is pursuant to California Unemployment Insurance Code, Section 15026. Local, County, State, and/or Federal representatives may use your Social Security Account Number for the following:

1. Studies and evaluation of the training and employment programs in which you may participate;
2. Getting information for future program and budget planning;
3. Checking for possible participation by you in other state or federal programs;
4. Studying long-term effects on all participants in this program;
5. Findings ways to make this program more effective;
6. Sharing information with other employment and training programs;

III) Family Relationships:

1. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an elected City or County official?

☐ No ☐ Yes If yes, what is his/her name, organization, position and relationship to you?

2. Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child) an employee of a City, County, Wagner Peyser, TAA, Workforce Investment Act (WIA) or Los Angeles County funded organization?

☐ No ☐ Yes If yes, what is his/her name, organization, position and relationship to you?



PRIVACY STATEMENT

Introduction

The Pacific Gateway Workforce Investment Network (Network) recognizes that technology has changed the nature and accessibility of business information and the prospective use of that information. While committed to applying technology to improve access to information, we are strongly committed to protecting your online privacy.

The purpose of this statement is to inform you about the types of information we gather when you visit our Network, how we may use that information, whether we disclose it to anyone, the security precautions we take to protect your privacy, and if you have questions or concerns please contact the Network's Operations Officer (562) 570 - 3732.

Collection of Information

We collect information for two purposes. We collect information that is used for analysis and statistical purposes and we also collect information to assist us in delivering service and information to you.

(1) Information collected for statistical purposes

Information about your visit to our Network, such as the date, type of service used, and technical protocol data, is automatically, electronically collected each time you use your scan card to access Network services. The Network refers to this information for statistical purposes.

(2) Information collected to assist the Network in providing services and information to you. This information may include such things as name, address, telephone number, e-mail address and other personal and employment data, depending on the particular service you use. We only collect the information necessary to provide the service that you are requesting or that best suits you. This information will be available to all Network staff via computer so that any staff member can assist you. The Network has taken this step to ensure services are provided in a timely and efficient manner.

Disclosure to Third Parties

The Network is governed by public records laws. We do not share personal identifying information with any third party without your permission. We only disclose to third parties aggregate information obtained from our statistical analyses demographics. This information is not reported or released to any outside parties unless we are legally required to do so in connection with law enforcement investigations or other legal proceedings. Further, we do not reveal any e-mail address information to third parties for independent use unless you specifically authorize us to do so.

Sale of Data

The Network does not sell data for direct mail or advertising purposes.

Security

The Network's web servers contain state-of-the-art industry security precautions that prevent personal information from being stolen or tampered with. At no time will you be required to submit a credit-card number. Also, we limit employee access to personally identifiable information to only those employees who need access to perform a specific function. All employees are kept up-to date on our security and privacy practices.

I have read the Statement above and I hereby authorize the release of my personal information to the Pacific Gateway Workforce Investment Network, the State of California Employment Development Department (EDD), applicable employers, and/or partnering agencies to applicable programs. I have read, understand and voluntarily signed this information release form and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made.

Customer Signature

Date (mm/dd/yy)

Signature of Parent, Guardian or Responsible Adult (if under 18 years of age)

Date (mm/dd/yy)

Summary Customer Complaint Procedure - DISCRIMINATION - EQUAL OPPORTUNITY IS THE LAW

It is against the law for a recipient of federal financial assistance to discriminate on the following bases:

1. Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and limited English proficiency; **and**;
2. Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act (WIA) or Los Angeles County programs, on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA Title I or Los Angeles County financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

1. Deciding who will be admitted, or have access to any WIA Title I financially-assisted or Los Angeles County programs or activities; **and**;
2. Providing opportunities in, or treating any person with regard to, such a program or activity; **or**;
3. Making employment decisions in the administration of, or in connection with, such a program or activity.

What to do if you believe you have experienced discrimination:

1. If you think you have been subjected to discrimination under a Title I or Los Angeles County financially-assisted or activities, you may file a complaint within **180 days** from the date of the alleged violation with either:
 - a. The Pacific Gateway Workforce Investment Network (PGWIN) Equal Opportunity Officer, 3447 Atlantic Avenue, Long Beach, CA 90807; or;
 - b. The Director, Civil Rights Center (CRC), United State Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210
2. Your written complaint should include the following (if requested, PGWIN staff will provide assistance in writing and filing your complaint):
 - a. Your full name and address
 - b. The full name and address of the party whom the allegation is against
 - c. A clear statement of the facts, including names and dates regarding the alleged allegation
3. If the PGWIN does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the PGWIN to issue the Notice of Final Action before filing a complaint with the CRC. However, you must file your complaint within **30 days** after the 90-day deadline (i.e., 120 days from the day on which the initial complaint is filed with the PGWIN).
4. If the PGWIN does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within **30 days** of the date on which you received the Notice of Final Action.
5. Provision 29 CFR Part 37.11 prohibits intimidation and retaliation, or the denial of services to any person filing a complaint.



**Summary Customer Complaint Procedure
- PROGRAM -**

What to do if you believe the Pacific Gateway Workforce Investment Network (PGWIN), one of its providers of services, or any staff person has violated any provisions of the Workforce Investment Act (WIA) or Los Angeles County programs, state directives, or local policies and directives:

1. You may file a complaint at time within **one year** from the date of the alleged violation.
2. Your written complaint should include the following:
 - a. Your full name and address
 - b. The full name and address of the party against whom the allegation is filed against
 - c. A clear statement of facts, including names and dates regarding allegation
 - d. How you would like to have your complaint addressed:
 1. Informal conference with the PGWIN Quality Assurance Staff acting as facilitator, or
 2. Formal hearing before a hearing officer.
3. Your complaint must be mailed to: Pacific Gateway Workforce Investment Network
Attn: Quality Assurance Unit
3447 Atlantic Avenue
Long Beach, CA 90807
4. The PGWIN and its providers of services' staff are required to assist you in filing your complaint, if you request assistance. You are entitled to receive a copy of PGWIN policy #WDB 05 – NONDISCRIMINATION AND EQUAL OPPORTUNITY AND GRIEVANCE PROCEDURES for WIA Title I and Los Angeles County Programs Complaint Procedures. The policy contains the full process and complaint form.
5. If you do not receive a written Notice of Resolution from the PGWIN within **60 days** of the day on which you filed your complaint, you may proceed to file a complaint with the Employment Development Department (EDD). However, you must file your complaint within **15 days** after the 60-day deadline – (which is 75 days from the day on which the initial complaint is filed with the PGWIN).
6. If you receive a written Notice of Resolution on your complaint from the PGWIN for a WIA Title I program, but you are dissatisfied with the resolution, you may file an appeal to the EDD. Your appeal must be mailed to:

Chief, Compliance Review Division, MIC 22-M
Employment Development Department
P.O. Box 926880
Sacramento, CA 94280-0001

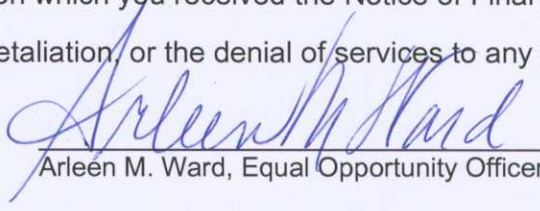
If you receive a written Notice of Resolution on your complaint from the PGWIN for Los Angeles County programs your request must be sent to:

**Grievance Hearing Officer
Dept. of Community & Senior Citizens Services
County of Los Angeles
3175 W. Sixth Street
Los Angeles, CA 90020**

You must file your complaint within **15 days** of the date on which you received the Notice of Final Action.

7. Provision 29 CFR Part 37.11 prohibits intimidation and retaliation, or the denial of services to any person filing a complaint.


Bryan S. Rogers, Executive Director


Arleen M. Ward, Equal Opportunity Officer

Equal Opportunity Employer/Program Auxiliary aids and services available upon request to individuals with disabilities. To request a reasonable accommodation, please call 562.570.3738 or TTY 562.570.4629, at least 72 hours prior to accommodation event.

THIS PORTION IS TO BE KEPT WITH THE CLIENT'S CASE FILE

I hereby certify that I have received a copy of the PGWIN Summary Customer Complaint Procedures for Discrimination and Customer Complaint Procedure for Program.

Date: _____

Applicant Signature or Parent/Guardian (if client is under 18 years of age)